Answer: C. Drug-induced aphthous ulcer-like lesion

**Discussion**

The working diagnosis of drug-induced aphthous ulcer-like lesion is made based on the history and clinical findings. After taking the medication, there were multiple small, round or ovoid ulcers with circumscribed margins, erythematous halos, and yellowish or greyish floor, resembling that of recurrent aphthous ulcers. Note the term “recurrent aphthous ulcer” should be reserved for recurrent ulcers confined in the oral mucosa without identifiable causes.¹

Some clinicians may mistakenly inform the patient that such a condition is an allergic reaction; rather, it is a type of adverse drug reaction. Thus, the ulcers should subside after stopping the medication. If the ulcers recur with a similar pattern, the clinician may consider doing a blood test for complete blood count, vitamin B12/folate assay, iron, blood glucose status, etc. to rule out potential underlying conditions.

The patient was advised to stop the antibiotics as there were no signs of infection and was prescribed a 0.2% chlorhexidine mouthwash for 2 weeks. The ulcers subsided gradually after a week. In patients with more severe symptoms, use of a topical glucocorticoid is effective to decrease the size and healing time of the ulcers, especially when the medication is used early in the developing stage of the lesions.²

**References**


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